

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101596,659

FILING DATE

6-20-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
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46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52	/					
53		/				
54		/				
55	/					
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57		/				
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97						
98						
99						
100						
TOTAL IND.		6		↓		↓
TOTAL DEP.		54	←	←	←	←
TOTAL CLAIMS		60				